The College

Education Act 1981

Monitoring the application of the Education Act 1981 in its first year in operation

The Section of Child and Adolescent Psychiatry wish to monitor the way the Act is working in its first year. It would seem appropriate to do this through the College's Regional Representatives. It is suggested that all consultants should make a note of cases where the Education Act is applied. At the end of May 1984 it would be helpful if all consultants summarized their experiences in terms of numbers of cases and any problems that may have been encountered. Cases where the application of the Act was successful and smooth should also be noted in order that we can develop a code of good practice.

Dr Christopher Wardle (Department for Children and Parents, Iddlesleigh House Clinic, 97 Heavitree Road, Exeter, Devon) will co-ordinate the monitoring and he would be grateful if Representatives could send a note of the year's experience in their region to him by the end of June 1984.

It is hoped that the local findings would be discussed at their regional meetings of consultants, reported at the meeting of the Regional Representatives at the Section weekend in September 1984 and discussed at the Business Meeting of the Section afterwards.

The Regional Representatives are listed on page 14.

Notes on 'Assessments and Statements of Special Education Needs—(Circular 1/83 HC(83)3 LAC(83)2)'

The Executive Committee of the Child and Adolescent Psychiatry Section felt the following information might be of use to the Section members whose work brings them into contact with the Education Act 1981.

The above Circular from the Department of Education and Science and the DHSS provides advice on the assessments and statements of special needs, to assist LEAs in reviewing and revising their procedures in consultation with district health authorities and social service departments.

The LEA must seek education, medical and psychological advice in every case in making assessment under Section 5 of the Act (para 21).

They must also invite nursing and social services contributions to the assessment. The sources of education, medical and psychological advice, i.e. the professional advisers (para 22), are clearly defined in paras 27-30. For medical advice the LEA must initially approach the designated medical officer, who will be the main point of contact, and be responsible for co-ordinating information from all doctors who have a contribution to make to the assessment of the child's special educational needs (para 29). This might include information from, e.g., a paediatrician, an orthopaedic surgeon, a child and adolescent psychiatrist.

Seeking psychiatric information, in the form of a report, is therefore the responsibility of the medical professional adviser, and it is to the latter the information is directed, psychiatric advice is subsumed in the medical advice, not in the psychological advice (para 30).

The nature and purpose of the advice is detailed (paras 3, 4, 7). The professional advice, but not the individual reports on which it is based, on which the LEA make their decision must be copied verbatim in the appendices to the statement. This is available to parents, and in the event of an appeal, to the Appeal Committee (para 37).

This preserves the confidentiality of a psychiatric or other specialist report given for information to the medical professional adviser, i.e. the medical officer designated by the DHA for this purpose.

Specialists, including child psychiatrists, may wish to discuss with the professional (medical) adviser how best their views may be incorporated into the medical advice. One approach might be to provide a full report, with an appropriately worded résumé, which might more easily allow the designated medical officer to identify and abstract information for insertion in the medical advice (para 37).

Alternatively, local agreement might be sought to enable specialists who have provided reports to ensure the final wording of the 'medical advice' not only accurately reflects their contribution but does not inadvertently breach confidentiality. The circular rightly emphasizes that 'assessment should be seen as a partnership ...' between all those involved to 'understand the nature of the difficulties and needs of individual children' (para 6). Equally it is recognized that 'effective multi-professional work is not easy to achieve' (para 34). Early discussion and agreement on local procedures with LEAs and DHAs can only improve effective implementation of the Act.

Paragraphs 14 and 16 of the circular 1/83 have particular relevance for those consultants concerned with in-patient units and other residential places associated with the provision of special education. Paragraph 14 states that: 'As a general rule, the Secretary of State expects LEAs to afford the protection of a statement to all children who have severe or complex learning difficulties which require the provision of extra resources in ordinary schools and in all cases where the child is placed in a special unit attached to an ordinary school, a special school, a non-maintained special school or an independent school approved for the purpose.'

Paragraph 15 makes exceptions where extra tuition is provided in ordinary schools or where a child attends a reading centre or unit for disruptive pupils.

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Paragraph 16 makes exceptions which are important for those of us concerned with hospital units with special schools and where we need to place a child in a special provision quickly and informally to assess its efficacy for that particular child. 'Nor are formal procedures required where the need for extra help is of short duration; or where the child is placed by agreement with the parent in a special school or unit for a short period as part of the assessment process; or where the child attends a hospital special school on a temporary basis as a result of having been admitted on medical grounds to the hospital to which that school is attached.'

Regional Health Authority	Child and Adolescent Psychiatry Regional Representatives
North-East Thames	Dr F. M. Marks, 18 Quadrant Grove, London NW5
South-East Thames	Dr K. Fraser, Dept of Child & Family Psychiatry, 51 London Road, Canterbury, Kent CT2 8LF
South-West Thames	Dr F. Bernard, Adolescent Unit, Longrove Hospital, Epsom, Surrey
Wales	Dr G. J. Pryce, 29 Berthes Road, Old Colwyn, Clwyd LL29 9SD
Scotland	Prof F. Stone, University of Glasgow, Dept of Child & Family Psychiatry, Royal Hospital for Sick Children, Yorkhill, Glasgow G3 8SJ
	Dr S. Wolff, Royal Hospital for Sick Children, 3 Rillbank Terrace, Edinburgh 9
	Dr I. C. Menzies, Ninewells Hospital, Dundee, Scotland
	Dr D. Chisholm, Dept of Child & Family Psychiatry, Royal Aberdeen Childrens Hospital, Cornhill Road, Aberdeen, Scotland
Northern Ireland	Dr R. McAuley, Child Psychiatry, St Ann's Childrens Unit, Taylor's Hill, Galway, Eire
H.M. Forces	
Northern	Dr J. Elliott, Dept of Child & Family Psychiatry, South Shields General Hospital, Tyne and Wear
Yorkshire	Dr I. Berg, 7 Stone Rings' Close, Harrogate, Yorks
Mersey	Dr Dowie Jones, Alder Hey Children's Hospital, Eaton Road, Liverpool 12
North Western	Prof D. Taylor, Jesson House (RMCH), Manchester Road, Swinton, Manchester M27 1FG
Trent	Dr R. W. Atkins, Childrens Unit, St Ann's Hospital, Porchester Road, Nottingham
West Midlands	Dr E. Irwin, Adolescent Unit, Hollymoor Hospital, Northfield, Birmingham B31 5EX
South Western	*Northern:* Dr. W. Lumsden Walker, 6 Kellaway Crescent, Westbury on Trym, Bristol BS9 4TE *Southern:* Dr C. Wardle, 97 Heavitree Road, Exeter, Devon
Wessex	Dr S. Hettiaratchy, Child Guidance Clinic, The Grange, Bramblys Drive, Basingstoke, Hants
Oxford	Dr S. Abell, Borocourt Hospital, Wyfold, Reading, Berkshire
North-West Thames	Dr H. Zeitlin, Westminster Hospital Medical School, Horseferry Road, London SW1
East Anglia	Dr E. B. Peterson (provisional), Dept of Child & Family Psychiatry, District Hospital, Thorpe Road, Peterborough, Northants

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